

(A)


 United States Environmental Protection Agency
 Office of Pesticide Programs (H7505C)
 Washington, DC 20460

Application for Pesticide:

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

170496

Section I

1. Company/Product Number 5389-15	2. EPA Product Manager Ruth Douglas	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) KAY-5 NP SANITIZER	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Kay Chemical Company 8300 Capital Drive Greensboro, NC 27409 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section II

<input type="checkbox"/> Amendment - Explain below	Final printed labels in response to Agency letter dated NOTIFICATION "Me Too" Application. APR 18 1996 Other - explain below.
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	
<input checked="" type="checkbox"/> Notification - Explain below.	

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Please add the following additional brand names to this registration:

KAY-5 Sanitizer

AKX KAY-5 Sanitizer/Cleaner

McD. Sanitizer

Section III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Unit Package wgt. 2 oz.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Package wgt. 100	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Laminate
* Certification must be submitted.			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container 2 oz.	5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label Is Affixed To Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other ()			

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Joe D. Slone, Jr.	Title Manager of Health, Safety & Environmental Affairs	Telephone No. (Include Area Code) (910) 668-7290
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Mgr. of Health, Safety & Environmental Affairs	
4. Typed Name Joe D. Slone, Jr.	5. Date 2/27/96	